
1 WHO MUST PAY ESTIMATED TAX

Every corporation or company required to file a Private Car Tax return must also make an Estimated Private Car Tax payment for its subsequent taxable period, unless the annual estimated tax is less than \$200. However, quarterly payments are required to be made whenever your **annual** estimated tax for the subsequent taxable period equals or exceeds \$200. (See paragraph 6 for exceptions.)

2 WHERE TO FILE

Mail your estimated tax payments to:

NH Department of Revenue Administration
Document Processing Division
PO Box 637
Concord NH 03302-0637

3 WHEN TO MAKE ESTIMATED TAX PAYMENTS

1st Quarterly payment due April 17, 2006
2nd Quarterly payment due June 15, 2006
3rd Quarterly payment due September 15, 2006
4th Quarterly payment due December 15, 2006

4 PAYMENT OF ESTIMATED TAX

Estimated tax may be paid in full with the initial declaration or in equal installments on the due dates stated in paragraph 3. Make checks payable to State of New Hampshire.

5 UNDERPAYMENT PENALTIES

A penalty at the underpayment rate as determined from time to time pursuant to RSA 21-J:28,II, on the amount of the underpayment for the period of the underpayment. This penalty will not be imposed if any of the statutory exceptions apply. See Form DP-2210/2220.

6 EXCEPTIONS TO THE UNDERPAYMENT PENALTY

The penalty shall not apply if you meet one of the exceptions provided in RSA 21-J:32. Please use form DP-2210/2220 to see if you meet one of the exceptions or to compute the amount of the penalty. To obtain this form, visit our web site @ revenue.nh.gov or call our forms line at (603) 271-2192.

7 NEED HELP

Questions not covered herein should be referred to Property Appraisal Division, 57 Regional Drive, Concord, NH 03301. Telephone number (603) 271-2687. Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.

ESTIMATED PRIVATE CAR TAX - 2006**2006 TAXPAYER'S WORKSHEET – KEEP FOR YOUR RECORDS**

- 1 All Private Car Tax paid in 2005 1 _____
- 2 2005 OVERPAYMENT applied to 2006 taxes 2 _____
(If the overpayment exceeds the first 1/4 installment, the overage will be applied to the next installment and so on)
- 3 BALANCE OF ESTIMATED PRIVATE CAR TAX (Line 1 minus Line 2) 3 _____

COMPUTATION and RECORD of PAYMENTS

Date Paid	Amount of each Installment (1/4 of Line 3 of worksheet)	2005 Overpayment Applied to Installment	Balance Due	CALENDAR YEAR DUE DATES
1.	\$	\$	\$	April 17, 2006
2.	\$	\$	\$	June 15, 2006
3.	\$	\$	\$	Sept. 15, 2006
4.	\$	\$	\$	Dec. 15, 2006

IMPORTANT:

THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET.

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ESTIMATED PRIVATE CAR TAX - 2006**QUARTERLY PAYMENT FORM**

FOR DRA USE ONLY

PLEASE PRINT OR TYPE

NAME OF TAXPAYER

FEDERAL EMPLOYER IDENTIFICATION
NUMBER

FOR DRA USE ONLY

NUMBER & STREET ADDRESS

ADDRESS (continued)

CITY/TOWN, STATE & ZIP CODE

MAIL
TO:

NH DEPT OF REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD NH 03302-0637

Amount Of This Payment**\$**

Make check or money order payable to: **STATE OF NEW HAMPSHIRE.**
Enclose, but do not staple or tape, your payment to this estimate.
Do not file a \$0 estimate.

FORM

DP-111-ES

112

**Payment Form 2
Due June 15, 2006**

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

**ESTIMATED PRIVATE CAR TAX - 2006
QUARTERLY PAYMENT FORM**

FOR DRA USE ONLY

PLEASE PRINT OR TYPE

NAME OF TAXPAYER

FEDERAL EMPLOYER IDENTIFICATION NUMBER

FOR DRA USE ONLY

NUMBER & STREET ADDRESS

ADDRESS (continued)

CITY/TOWN, STATE & ZIP CODE

MAIL
TO:NH DEPT OF REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD NH 03302-0637**Amount Of This Payment \$**Make check or money order payable to: **STATE OF NEW HAMPSHIRE.**
Enclose, but do not staple or tape, your payment to this estimate.
Do not file a \$0 estimate.DP-111-ES
Rev. 11/20/05

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FORM

DP-111-ES

112

**Payment Form 3
Due Sept. 15, 2006**

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

**ESTIMATED PRIVATE CAR TAX - 2006
QUARTERLY PAYMENT FORM**

FOR DRA USE ONLY

PLEASE PRINT OR TYPE

NAME OF TAXPAYER

FEDERAL EMPLOYER IDENTIFICATION NUMBER

FOR DRA USE ONLY

NUMBER & STREET ADDRESS

ADDRESS (continued)

CITY/TOWN, STATE & ZIP CODE

MAIL
TO:NH DEPT OF REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD NH 03302-0637**Amount Of This Payment \$**Make check or money order payable to: **STATE OF NEW HAMPSHIRE.**
Enclose, but do not staple or tape, your payment to this estimate.
Do not file a \$0 estimate.DP-111-ES
Rev. 12/05/05

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FORM

DP-111-ES

112

**Payment Form 4
Due Dec. 15, 2006**

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

**ESTIMATED PRIVATE CAR TAX - 2006
QUARTERLY PAYMENT FORM**

FOR DRA USE ONLY

PLEASE PRINT OR TYPE

NAME OF TAXPAYER

FEDERAL EMPLOYER IDENTIFICATION NUMBER

FOR DRA USE ONLY

NUMBER & STREET ADDRESS

ADDRESS (continued)

CITY/TOWN, STATE & ZIP CODE

MAIL
TO:NH DEPT OF REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD NH 03302-0637**Amount Of This Payment \$**Make check or money order payable to: **STATE OF NEW HAMPSHIRE.**
Enclose, but do not staple or tape, your payment to this estimate.
Do not file a \$0 estimate.DP-111-ES
Rev. 12/05/05

Due December 30, 2005

FOR DRA USE ONLY

PLEASE TYPE OR PRINT

NAME OF TAXPAYER

FEDERAL EMPLOYER IDENTIFICATION NUMBER

NUMBER & STREET ADDRESS

ADDRESS (continued)

CITY/TOWN, STATE & ZIP CODE

1 Annual Private Car Tax (from Line 5 of Tax Bill)

1

2 Payments:

(a) Payments from estimated taxes

2(a)

(b) Credit carryover from prior year or other payments

2(b)

Enter the sum of Lines 2(a) through 2(b)

2

3 Balance of Tax Due (Line 1 minus Line 2)

3

4 Additions to Tax:

(a) Interest

4(a)

(b) Failure to Pay

4(b)

(c) Failure to File

4(c)

(d) Underpayment of Estimated Tax

4(d)

Enter the sum of Lines 4(a) through 4(d)

4

5 Net Balance Due (Line 3 plus Line 4)**PAY THIS AMOUNT →**

5

6 Overpayment (Line 2 minus Line 1 plus Line 4, if applicable)

6

7 Amount of Line 6 to be applied to:

(a) 2006 tax liability

7(a)

(b) Refund (Please allow 12 weeks for processing)

7(b)

DO NOT PAY →Make check payable to: **State of New Hampshire.** If less than \$1.00 do not pay.

FOR DRA USE ONLY

Signature required below only if requesting a refund

SIGNATURE (IN INK) OF TAXPAYER

DATE

TITLE

NH DEPT OF REVENUE ADMINISTRATION
MAIL DOCUMENT PROCESSING DIVISION
TO: PO BOX 637
 CONCORD NH 03302-0637